



POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	510	9-26
TYPIST	288	9/23
VERIFIER	501	9/23/52
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final Original	
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Claim		Date							
Final	Original								
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## SYMBOLS

✓ ----- Rejected  
 = ----- Allowed  
 . (Through numeral) Canceled  
 + ----- Restricted  
 N ----- Non-elected